

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532613

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
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31		(1)				
32						
33		1				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		(1)				
42		(1)				
43		(1)				
44		(1)				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49		(1)				
50		(1)				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
54		2				
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97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	63					